

ROUTING AND TRANSMITTAL SLIP

Date *84-200 6/4*
6 April 1984

TO: (Name, office symbol, room number, building, Agency/Post)		Initials	Date
1.	<div style="border: 1px solid black; width: 200px; height: 20px;"></div> Chief, Liaison Division, OLL	✓	
2.	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>		
3.	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>		
4.	<div style="border: 1px solid black; width: 200px; height: 20px;"></div>		
5.	<i>Signature</i>		

Action	File	Note and Return
Approval	For Clearance	Per Conversation
As Requested	For Correction	Prepare Reply
Circulate	For Your Information	See Me
Comment	Investigate	Signature
Coordination	Justify	

REMARKS

Jim,

Per your request, attached are the answers provided to the SSCI questions on narcotics. If you need anything else, give me a call.

Return or destroy.

DO NOT use this form as a **RECORD** of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, org. symbol, Agency/Post)	Room No.—Bldg.
<div style="border: 1px solid black; width: 200px; height: 20px;"></div>	4E06 Hqs.

Daniel A. Childs, Jr., Comptroller
5041-102

OPTIONAL FORM NO. 10
Prescribed by GSA
FPMR (41 CFR) 101-11.206

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